STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G593	A. BUILDING 01 B. WING	03/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3142 62ND PL E HOBART, IN 46342

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K0000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 02/17/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/13/12 Facility Number: 001107 Provider Number: 15G593 AIM Number: 100245570 Surveyor: W. Chris Greeney, Life Safety Code Specialist At this Life Safety Code survey, REM-Indiana Inc. was found not in compliance with Requirements for participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/14/12. The facility was found not in compliance with the aforementioned requirements as evidenced by:			

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KS056	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 2: Not applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in			

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	Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: Not Applicable Exception No. 2: Not Applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not Applicable			

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	Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2. Exception No. 1: Not Applicable. Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic			

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	sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure sprinklers in 3 of 9 rooms and 1 of 1 hallways were free of paint. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 at 2-2.1.1 requires sprinklers shall be free of corrosion, foreign materials and paint. Any sprinkler shall be replaced which is painted, corroded, damaged or loaded. This deficient practice could affect any clients in the living room, family room, kitchen or hallway between the family room and kitchen. Findings include: Based on observations between 11:50 am and 12:20 pm on 03/13/12 with the facility Program Director, the following was noted: two of two sprinklers in the living room, two of two sprinkler in the combined kitchen/dining area, one of one sprinklers in the laundry room and one of	KS056	The vendor has been contacted to replace or clean the sprinklers throughout the home that were observed to have paint on them, specifically including 1 in the living room and 1 in the family room. In addition the sprinklers that were observed to have dirt on them will be cleaned specifically including 1 in the kitchen, 1 in the family toom and 2 in the hallway between the kitchen and family room.In the future, the Home Manager will do monthly walk throughs of the home to ensure that sprinklers are free from paint or other debris that could interfere with their functioning properly. If it is noted that the sprinklers need cleaned or replaced, the Home manager will notify the Program Director to contact the vendor.Responsible Party: Area DirectorCompletion Date: 4/12/2012	03/28/2012

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	one sprinklers in the bedroom hallway had paint on the deflectors which matched the color of the ceiling paint. This was acknowledged by the Program Director at the time of the observations. This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.			

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KS154	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 Based on record review and interview, the facility's written policy failed to contain complete procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires plans for the protection of residents shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident. This deficient practice could affect all occupants. Findings include: During review of the facility's undated "Procedures for a Fire Watch" on 03/13/12 at 11:50 am with the Program Director, the procedures stated "staff on duty to complete a walk through of the home to include the basement and the garage every two hours." The procedures also failed to indicate the survey agency be contacted when the sprinkler system was down for more than four hours. The	KS154	The facility has a policy in place that contains procedures to follow in the event that the automatic sprinkler system or fire system is out of service for more than 4 hours in a 24 hour period.The policy has been updated to include that the survey agency be contacted when the sprinkler system is down for 4 or more hours. In addition, the policy includes that staff will complete a through of the home every 15 minutes which will be documented.All staff will be trained on the updated policy and the documentation page will be in place at the home. The Indiana Mentor Procedures for a Fire Watch policy will be reviewed with staff upon hire and every quarter thereafter.Responsible Party: Area Director Completion Date: 4/12/2012	03/28/2012

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	Program Director indicated direct care staff on duty and assigned to the supervision of residents were responsible to complete the walk through and documentation every two hours. Therefore, it cold not be assured the facility had a system that would alert staff and residents in sufficient time in the event of a fire occurring when the sprinkler system was down. This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.			

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KS155	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 Based on record review and interview, the facility's written policy failed to contain complete procedures to be followed in the event the Fire Alarm system has to be placed out of service for 4 hours or more in a 24 hour period to protect 7 of 7 clients. LSC 33.7.1 requires plans for the protection of residents shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident. This deficient practice could affect all occupants. Findings include: During review of the facility's undated "Procedures for a Fire Watch" on 03/13/12 at 11:50 am with the Program Director, the procedures stated "staff on duty to complete a walk through of the home to include the basement and the garage every two hours." The procedures also failed to indicate the survey agency be contacted when the sprinkler system was down for more than four hours. The	KS155	The facility has a policy in place that contains procedures to follow in the event that the automatic sprinkler system or fire system is out of service for more than 4 hours in a 24 hour period.The policy has been updated to include that the survey agency be contacted when the sprinkler system is down for 4 hours or more. In addition, the policy includes that staff will complete a walk through of the home every 15 minutes which will be documented.All staff will be trained on the updated policy and the documentation page will place in the home. The Indiana Mentor Procedures for a Fire Watch policy will be reviewed with staff upon hire and every quarter thereafter.Responsible Party: Area DirectorCompletion Date: 4/12/2012	03/28/2012

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	Program Director indicated direct care staff on duty and assigned to the supervision of residents were responsible to complete the walk through and documentation every two hours. Therefore, it cold not be assured the facility had a system that would alert staff and residents in sufficient time in the event of a fire occurring when the Fire Alarm system was down. This deficiency was cited on 02/17/12. The facility failed to implement a systemic plan of correction to prevent recurrence.			